Guthrie Memorial Library - Hanover's Public Library
Application for Use of Meeting Rooms
Please complete all parts of application

This application will be confirmed when the library receives this completed form, the security deposit of $100.00/250.00 (event specific), proof of non-profit status (if applicable) and proof of insurance (if applicable). These items must be received at least two weeks (14 days) prior to requested date. Make check payable to Guthrie Memorial Library and deliver to Registration Manager, Guthrie Memorial Library, 2 Library Place, Hanover, PA 17331.

Room Rental Fees are as follows:

LOCATION (Capacity)	FOR-PROFIT RATE	NON-PROFIT RATE**
John D. Bare Center (200 people) (Chairs and tables provided)	$75 per hour	$35 per hour
Board Room (18 people)	$25 per hour	Free

ADDITIONAL FEES (applies for above)

Security Deposit	$100
(Separate check that may be returned once facility has been checked)	
Use of Kitchen Facilities	$35
Events held outside normal library hours	$40 additional per hour

**Non-profit Rate: Must present official documents verifying non-profit status, or for-profit rate will be charged.

Guthrie Memorial Library - Hanover's Public Library
Application for Use of Meeting Rooms
Please complete all parts of application

Please Print:

Applicant's Name _____

Name of Organization_____

Address_____

Work Phone_____ Home/Cell Phone_____ Fax_____

E-Mail Address _____

Room Requested_____ Approximate Attendance_____

Date(s) requested_____ Starting Time_____ Ending Time_____

Description of Meeting_____

_____

Room set up is entirely the responsibility of the applicant in consultation with a library staff member. Necessary information includes numbers of tables and chairs and equipment needs. Applicant must call the week of the event to arrange a consultation for set up.

_____

Will attendees be charged a fee? ___ yes ___ no
Will you be serving refreshments? ___ yes ____ no
Will you need the kitchen? ___ yes ___ no (If yes, fee for kitchen privileges may be assessed)

I have read the library's meeting room policy and will ensure that the organization that I represent will fully abide by the policy terms. I understand that permission to use meeting rooms is not transferable to other individuals or organizations, and that the library director has discretion to approve or request board review of applications.

Signature of Applicant _____
Date_____

****

Staff Use Only: Date Rec._____Calendar Checked_____
Fee $_____ Check#_____ Security Deposit $ _____ Check# _____

Certificate of Insurance: Attached / N/A Date/Initials_____